

# Maine Weekly Influenza Surveillance Report

**April 8, 2009**

## Synopsis

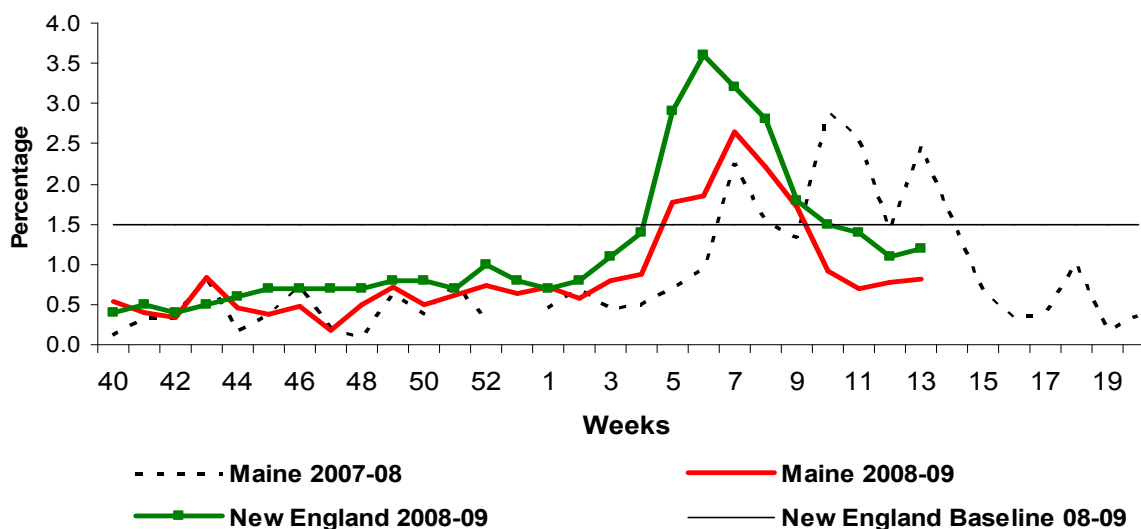
During the week ending April 4<sup>th</sup>, 2009 (MMWR week 13)\*, Maine reported local influenza activity. This is the first week where more influenza B (15 cases) was reported than influenza A (2 cases). No outbreaks of influenza were reported during week 13.

## Moderate Disease Surveillance

### *Outpatient influenza-like illness (ILI)*

During the week ending April 4<sup>th</sup>, 2009, 0.8% of outpatient visits reported by eight Maine Sentinel Providers were for influenza-like illness (ILI). ILI is defined as fever ( $\geq 100^{\circ}\text{F}$  /  $\geq 37.8^{\circ}\text{C}$ ) AND cough or sore throat in the absence of a known cause. In the New England States, 1.2% of outpatient visits were attributed to influenza-like illness during week 13.

### Outpatient Visits for Influenza-like Illness – Maine, 2007-09



# New England is defined as Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

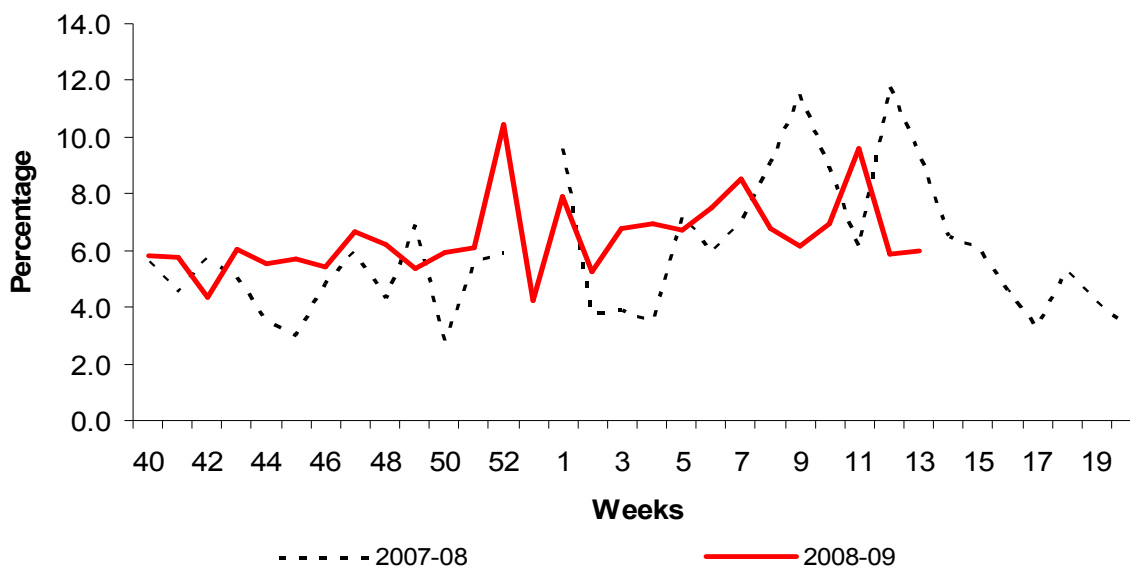
## Severe Disease Surveillance

### *Hospital inpatients*

During the week ending April 4<sup>th</sup>, 2009, 6.0% of hospital admissions reported by three hospitals were attributable to pneumonia or influenza.

\* At time of publication, reporting may be incomplete. Numbers presented here may change as more reports are received.

## Hospital Admissions Due to Pneumonia or Influenza -- Maine, 2007-09

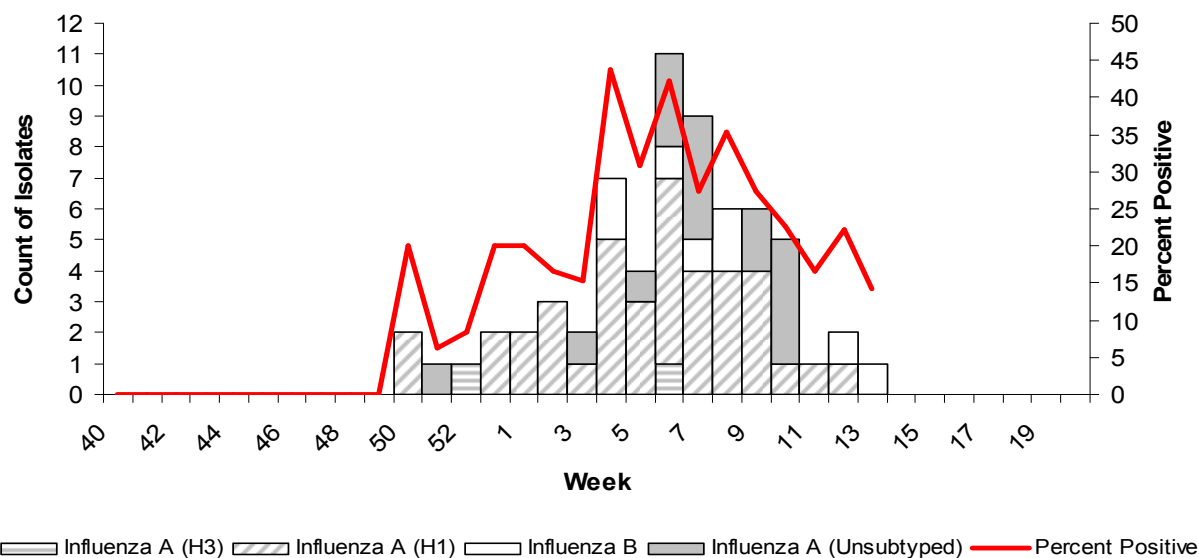


### Laboratory Reporting

During the week ending April 4<sup>th</sup>, 2009, seven samples were submitted for testing to the Maine Health and Environmental Testing Laboratory (HETL). One (14.3%) tested positive for influenza B.

To date, 299 samples have been submitted, 65 (21.7%) were positive for influenza: 39 for influenza A H1, two for influenza A H3, 16 for influenza A untyped, and eight for influenza B. The influenza B strains will be forwarded to the federal CDC for lineage typing.

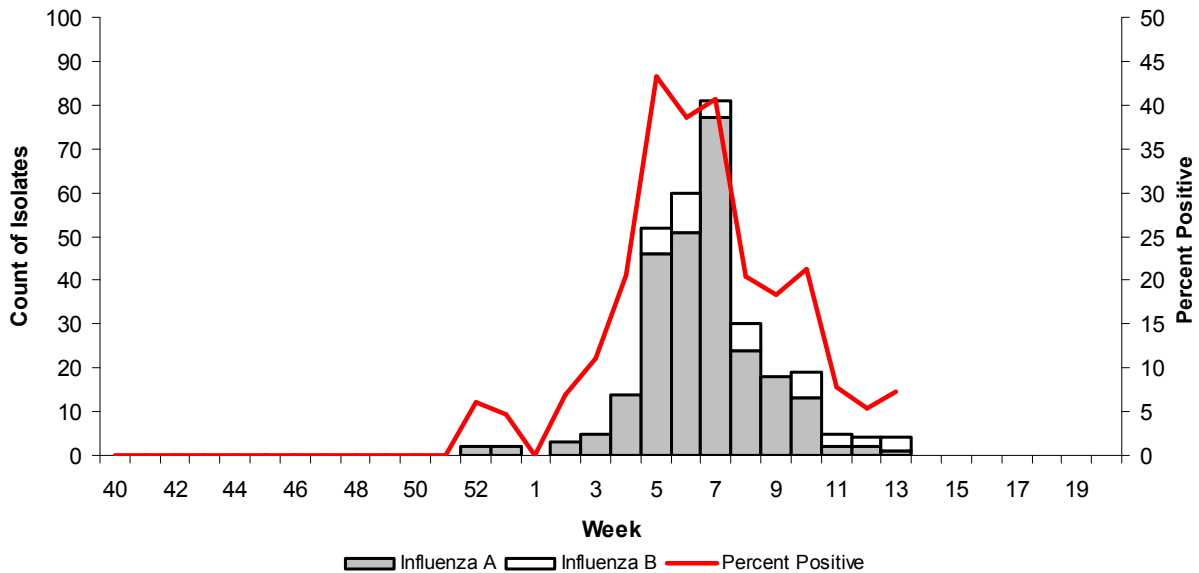
## Respiratory Specimens Positive for Influenza from HETL, Maine, 2008-2009



During the week ending April 4<sup>th</sup>, 2009, 59 samples were submitted for testing to two private reference laboratories, one tested positive for influenza A, and three tested positive for influenza B. Twenty eight samples were positive for RSV.

A combined total of 1,611 specimens have been submitted since September 28, 2008 for respiratory testing to two private labs. To date, 260 samples were positive for influenza A, 39 samples were positive for influenza B, 240 samples were positive for RSV, 11 samples were positive for parainfluenza 3, five samples were positive for adenovirus, and two samples were positive for enterovirus.

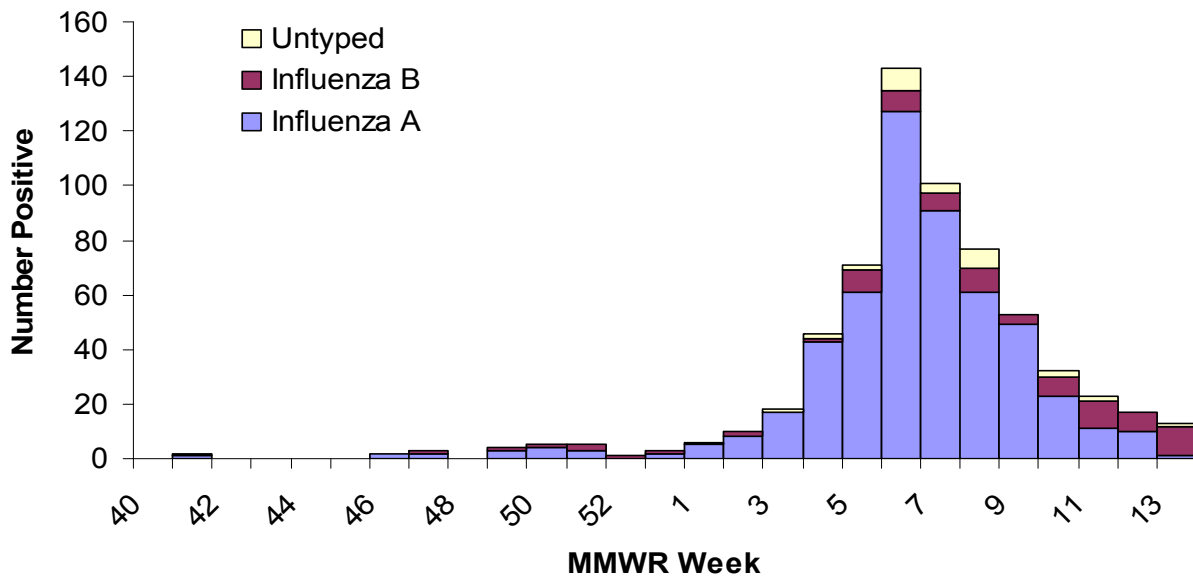
## Respiratory Specimens Positive for Influenza from Two Reference Laboratories, Maine, 2008 - 2009



Rapid tests are often used in clinical practice and these results contribute to the determination of the state influenza activity code reported to the federal CDC. Many hospitals, laboratories, and physicians' offices report these test results to the state. There is the possibility of duplication of results from reference labs and the rapid report called into the state. However, since influenza is not required to be reported, it is still assumed that these numbers are an underrepresentation of the true burden of influenza.

During the week ending April 4<sup>th</sup>, 2009, 13 samples tested positive using rapid testing, one for influenza A, 11 for influenza B, and one was untyped. A combined total of 635 positive rapid tests have been reported this season. 524 were positive for influenza A, 82 were positive for influenza B, and 29 were not typed.

### Positive Rapid Influenza Tests, Maine, 2008-2009



#### Outbreaks

During the week ending April 4<sup>th</sup>, 2009, no new outbreaks of influenza-like illness were reported. To date, 31 outbreaks of influenza-like illness have been reported; 16 in long term care facilities and 15 in schools.

#### Influenza-like illness outbreaks by selected characteristics – Maine, 2008-09

	Facility Type*	District	Date Reported	Attack Rate (%)		Hospitalizations	Deaths	Vaccination rate (%)		Lab-confirmed
				Student/Resident	Staff	#	#	Student/Resident	Staff	
1	LTC	Cumberland	11/21/2008	6	1	0	0	100	68	No
2	LTC	Mid Coast	1/22/2009	4	0	2	0	96	50	Influenza A
3	LTC	Western	1/26/2009	2	0	1	0	99	50	Influenza A
4	LTC	Cumberland	1/30/2009	2	0	1	0	96	64	Influenza A
5	School	York	2/2/2009	34	^	^	^	^	^	Influenza A
6	School	Penquis	2/4/2009	1	0	1	^	^	^	Influenza A
7	School	Mid Coast	2/9/2009	26	13	^	^	^	^	No
8	School	Mid Coast	2/9/2009	27	14	^	^	^	^	No
9	School	York	2/10/2009	^	^	^	^	^	^	^
10	LTC	York	2/10/2009	3	^	^	^	^	^	Influenza A
11	School	Downeast	2/10/2009	4	^	^	^	^	^	Influenza A
12	School	Mid Coast	2/10/2009	19	0	^	^	^	^	Influenza A & B
13	School	Mid Coast	2/2/2009	23	5	^	^	^	^	Influenza A
14	LTC	Mid Coast	2/10/2009	5	^	^	^	^	^	Influenza A
15	School	Mid Coast	2/10/2009	46	4	^	^	^	^	Influenza A

16	School	York	2/11/2009	15	15	^	^	^	^	^
17	School	York	2/11/2009	15	^	^	^	^	^	Influenza B
18	School	Western	2/13/2009	39	^	^	^	^	^	Influenza A
19	LTC	Mid Coast	2/17/2009	14	24	0	2	96	20	Influenza A
20	LTC	Western	2/19/2009	2	0	0	0	^	^	Influenza A
21	School	Central	2/23/2009	2	^	^	^	^	^	Influenza A & B
22	LTC	Western	2/23/2009	4	^	^	^	^	^	Influenza A
23	School	Western	2/25/2009	15	5	^	^	50	^	Influenza B
24	LTC	Western	2/25/2009	8	0	0	0	^	^	Influenza A
25	LTC	Central	2/26/2009	26	^	^	^	100	^	Influenza B
26	LTC	Cumberland	2/26/2009	2	0	1	0	96	46	Influenza A
27	LTC	Central	3/3/2009	53	12	3	0	93	68	Influenza A
28	LTC	Aroostook	3/3/2009	17	^	1	0	^	^	Influenza A (H1)
29	LTC	Aroostook	3/3/2009	13	1	0	0	95	^	Influenza A
30	LTC	Western	3/6/2009	^	^	^	^	^	^	Influenza A
31	School	Mid Coast	3/24/2009	30	0	^	^	^	^	Influenza A & B

\* Outbreak definition is specific to facility type. An outbreak in long-term care facilities (LTC) is defined as  $\geq 3$  patients with ILI identified on same floor or ward during a short (e.g., 48-72 hour) period OR  $\geq 1$  patients with lab-confirmed influenza; an outbreak in an acute care facility (ACF) is defined as  $\geq 1$  patients with ILI or lab-confirmed influenza with symptom onset  $\geq 48$  hours post-admission (i.e., nosocomial); and an outbreak in a school is defined as  $\geq 15\%$  absentee rate among student population due to ILI or lab-confirmed influenza.

^ Data unavailable

NA indicates not applicable

\*\*Maine DHHS Districts:

York District: York county

Cumberland District: Cumberland county

Western District: Franklin, Oxford, and Androscoggin counties

Mid Coast District: Waldo, Knox, Lincoln and Sagadahoc counties

Central District: Somerset and Kennebec counties

Penquis District: Piscataquis and Penobscot counties

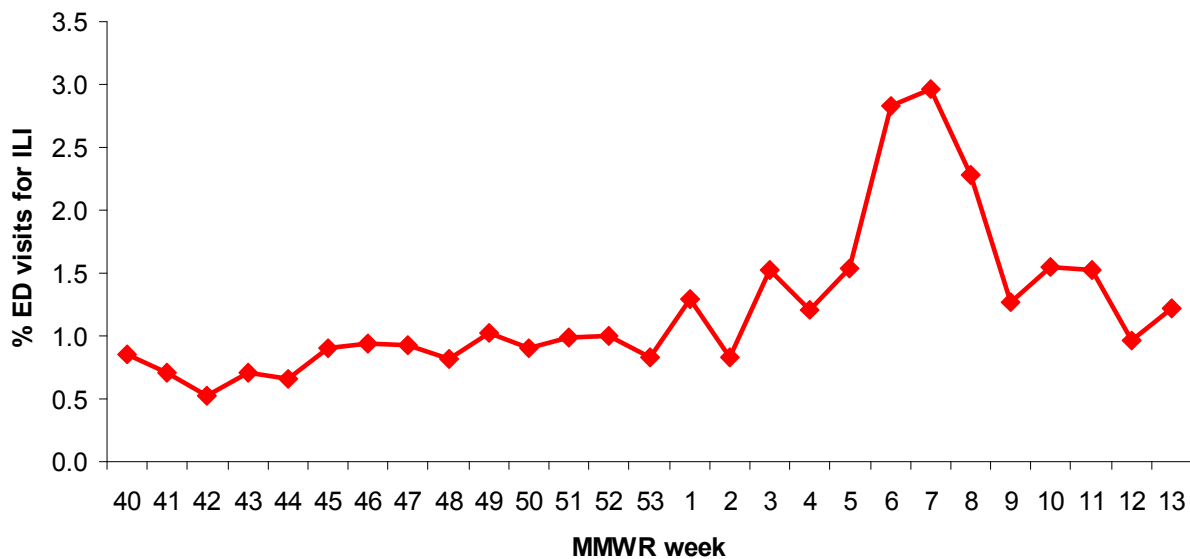
Downeast District: Washington and Hancock counties

Aroostook District: Aroostook county

## Syndromic Surveillance

1.2% of visits to emergency departments at seven of Maine's hospitals were characterized as influenza-like illness during week 13, based on the patients' chief complaint.

### Emergency Department Visits for ILI at Seven Hospitals – Maine, 2008-09

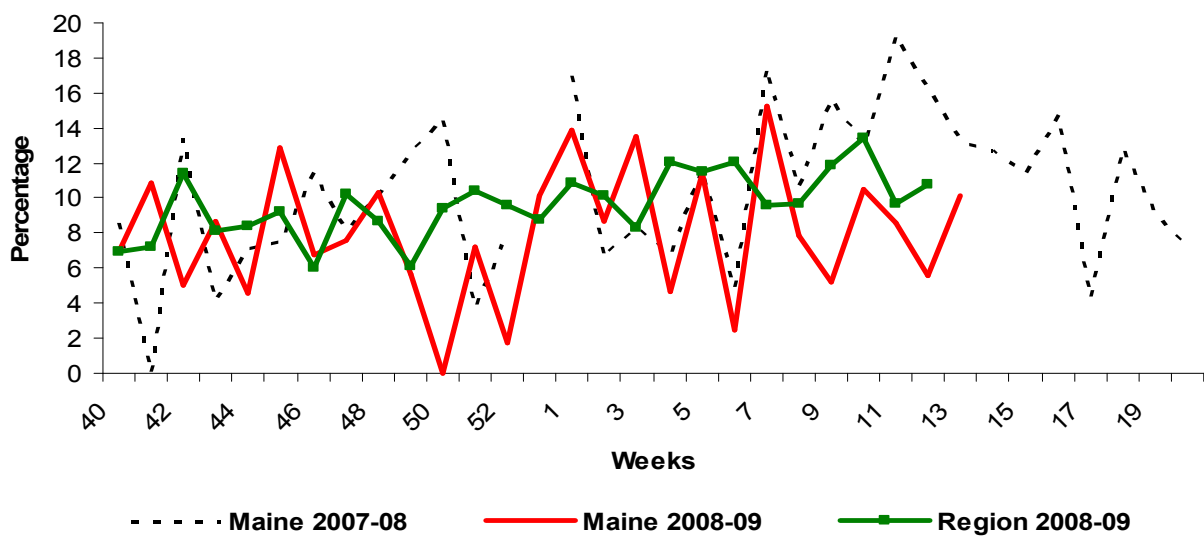


### Fatalities Surveillance

#### Death Certificates

During the week ending April 4<sup>th</sup>, 2009, 10.1% of deaths reported by three city vital records offices were attributable to pneumonia and influenza.

### Percentage of Deaths Attributable to Pneumonia and Influenza – Maine, 2007-09



### *Pediatric Fatalities*

No influenza-associated pediatric deaths in Maine have been reported this season.

### **National Influenza Activity**

State health departments report the estimated level of influenza activity in their states each week. States report influenza activity as: 1) no activity, 2) sporadic, 3) local, 4) regional, or 5) widespread (definitions of these levels can be found at: [www.cdc.gov/flu/weekly/usmap.htm](http://www.cdc.gov/flu/weekly/usmap.htm)). Maine reported local activity for the week ending April 4<sup>th</sup>, 2009 (week 13).

